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# THE MANAGEMENT OF COMMUNICABLE DISEASE FROM THE STANDPOINT OF A PUBLIC HEALTH NURSE

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ONE of the greatest paradoxes in the modern public health nursing movement has been that while our slogan is the prevention of disease and the promotion of health, rarely has a public health nursing programme provided for a thorough means of combating one of the worst enemies to life and health,—contagious diseases. And yet year after year in most of our large cities and many of our small ones it is rather taken for granted that there will be a serious outbreak of scarlet fever and diphteria some time during the winter months. It is almost as though we were still living in the middle ages and believed such misfortunes were visited upon us by the Powers of Darkness and therefore were beyond our own control. As a matter of fact, however, just as every other big health movement, whether directed against tuberculosis or infant mortality, has depended upon nurses to make it a reality, in this problem of contagion, nurses must take their place in the first ranks if it is to be wiped out. Prevention, like charity, begins at home and public health nurses have been especially prepared to carry on such work in the home.

Before stating how this can be done we might learn something by considering why both nurses and the public itself have been slow in seeing their opportunity. With the possible exception of mental disease, probably nothing has been so surrounded by ignorance and superstition as this problem of communicable disease. The belief that germs were air-borne has only recently been dislodged even from the most scientific minds and it still is firmly rooted in the minds of the general public. For this reason we are weighted down by all sorts of mental attitudes and antiquated customs that it will take at least a generation to displace. Probably most of us can remember how as children we held our breath as we hurried past a placard on a door. It is only recently that even doctors and nurses have realized the revolutionary significance of the scientific discovery that contagion is spread through contact, while the rest of the world continues to hold its breath and hurry by or else treat the situation all too casually as to contact when the immediate family is concerned. Another superstition that has greatly retarded the possible usefulness of the public health nurse has been the generally accepted belief

that in some mysterious way the nurse is a danger center when it comes to germs. She seems to be generally supposed to have a powerful attraction for germs and an even more powerful capacity to disseminate them. There is also the very practical reason why nurses themselves have not been more quick to realize their possible usefulness in this public health problem in that, until recently, training in the care of contagion has not been part of a nurse's equipment. She therefore has shared some of the public's ignorance. This at last is beginning to be obviated and there is no doubt in my own mind that when nurses, through their own experience, see the devastation wrought by contagious diseases and become equipped to meet the situation with knowledge at their command, they will no longer hold back. There is a further reason, to a large extent growing out of the previous ones given, why the question of communicable disease has not been more often considered an essential part of public health nursing programmes. This is the complication in the administration of such a service. With a community saturated with superstition, doctors suspicious of the germ-carrying propensities of the nurse, and nurses for the most part untrained in the care of contagious diseases, it is not an easy matter to launch such a programme.

There is another explanation as to why this movement has developed so slowly. It has been the rather easy and blind assumption that all cases of communicable disease were and should be cared for in municipal hospitals for that purpose. From the community standpoint, what has been the result of this emphasis on the desirability of hospitalization of communicable disease cases? In the first place it must be noted that most municipal hospitals for contagious diseases have rather unhappy reputations as to cross infection, sometimes deserved and sometimes not, with the perfectly inevitable result that far too often if parents suspect there is a case of contagion among their children, especially if it is minor contagion, they will not call in the doctor or if they do call him, make the doctor promise not to send the case to the hospital. Any visiting nurse in a city can tell you of many, many cases of contagion, both major and minor, where there has been no quarantine nor isolation because the family has never called in a doctor or because the doctor has been persuaded not to report the case. It takes little imagination to realize what foci of infection such cases are. The father may be a fruit dealer or have a milk route or the mother work in a bakery. The brothers and sisters are going to school and the patient himself will go back to school long before the danger of contagion is over. Such instances are facts, not fancy. The seriousness of such lack of any sense of community responsibility cannot be over estimated and yet it will

persist until the individuals making up the community are educated, family by family, as to their own responsibility when contagion breaks out in their own home. Not only does a sense of responsibility for their neighbor's children need to be developed, but also the realization that in terms of consequences there is no such thing as minor contagion and that their own children should be carefully safeguarded.

While adequate hospital isolation may be the ideal for all cases, it is a long time before this goal will be reached. With the present facilities at hand in most cities some sort of provision should be made for adequate intelligent home care, reserving the hospital beds for the more serious cases and for those where proper home care cannot be provided the patient or given without danger to others. There is no use in being blind any longer to the fact that cases of contagion are going to be kept at home. The problem before us, therefore, is What provision shall we make for them there? What should a public health nursing programme include in order to meet the present communicable disease situation?

Granting that it is practically impossible for communities to provide complete hospitalization of all contagious cases, there should be some discrimination as to the selection of cases to be sent to the hospital and of those to be kept at home. Such decisions, of course, would have to be made in consultation with the doctor in charge of the case. It would be ideal if an arrangement could be made between the Public Health Nursing agency in the community and the municipal hospital so that each call, except in emergency, could be investigated by a public health nurse before decision to admit to the hospital is made. A second possibility would be to assign to ambulance duty only nurses with some public health nursing experience. These arrangements should go one step further to include the supervision of the home from which any patient had been removed if there are other children left in the home. In this way, at just the psychological moment, much health instruction could be given to the family and further cases of contagion could be detected at the earliest possible moment.

Automatically all cases of contagion allowed to stay at home should, unless private nurses were possible, be cared for by the Public Health Nursing agency, usually the Visiting Nurse Association. Such cases of course could be referred not only by the medical inspectors working under the city Department of Health and by the municipal hospital, but also from any source, as is usual with Visiting Nurse Societies. It would be the responsibility of these nurses in consultation with the doctors in charge to decide whether a case were being

properly cared for at home without danger to the patient, to members of the family, and to the community. This involves a careful consideration of the severity of the case, the possibility of complete isolation, the ability of some member of the family to give adequate care under the direction of the visiting nurse, the occupation of any members of the family who go out from the home, and the willingness of each member of the family to coöperate. With all these conditions favorable, it is astonishing how much can be accomplished. The part of the nurse does not stop with the old-time door-step instruction, but includes actual care of the patient with the most careful demonstration as to how proper precautions should be and can be taken. It is remarkable how quick the intelligent mother is to grasp the significance of contact and that whatever goes into the room of the patient must not come out again. In almost no other instance is a family in so receptive a mood as when a nurse actually will come in and help her meet this most complicated and trying situation. All the rest of the world runs away except the nurse and the doctor, and even the doctor does not have the time to answer the multitude of questions and to demonstrate point by point how to take care of the patient and protect the family. It is natural for families, previously careless as to obeying the law, to become not only willing but eager to obey it when someone is willing to help them and to explain the importance of quarantine and how it is practically possible. When this is told, not only in words but in deeds, it instantly becomes simplified.

A complete Public Health Nursing programme would also include a follow-up service for all patients discharged from a hospital for contagious diseases, such a follow-up work to include supervision of the patient to see that complications were not developing or the patient overdoing, and actual nursing care where there were complications. The fact that such care could be procured would make it possible to send the patient home earlier than is otherwise advisable, thus releasing a bed. Supervision for the early detection of other cases developing within the family after the return of the original patient would be part of the value of such a follow-up system. During the time that the patient is in the hospital, physical defects may be discovered which should be corrected. To get these corrected would also be the responsibility of the public health nurse.

What results could be expected from such a programme? First and foremost, it should mean better care of contagious cases. The hospitals for contagious diseases would not be overcrowded by cases that could be taken care of at home. The fact that cases might be taken care of at home would tend to less secretiveness. This would make possible more adequate care for patients now only cared for by

the family, a danger to themselves as well as to the community. Better enforcement of laws; a better educated community as to the significance of communicable disease and how it can be prevented; a lessening of the seriousness of the after effects of contagious diseases by careful supervision and, in the end, actual lessening of the incidence of the disease itself would result. It is evident that the public health nurse cannot bring about all these results alone, I am merely trying to present what her share in this campaign might and should be.

It would be quite justifiable to ask whether, granting the desirability of the above programme, it is feasible. The answer is decidedly in the affirmative. In large part it is now being carried out in Philadelphia. Such gaps as appear in the Philadelphia programme exist only because of lack of funds to add more nurses for the work. Both its practicability and desirability have been proven. Already the results are being felt. It might be interesting to know that the contagious service of the Visiting Nurse Society of Philadelphia has been organized on a generalized basis for the most part,—that is, there is no separate staff for contagious work, but each nurse carries the contagious cases occurring in her own district. The only exception to this is that, where possible, a nurse does not visit both contagious cases and maternity cases during the same day. This, however, is not a hard and fast rule as, when necessary, the maternity case will be seen the first part of the day and the contagious cases the last. It should be stated that a case of cross infection has never occurred nor the development of contagion in any family visited by the nurse where it did not already exist.

Ultimately there will be far less superstition and more intelligent coöperation on the part of all in this task of stamping out contagious diseases, which are among the worst foes of our children, when public health nurses seize their opportunity and take their place in this important phase of any Public Health programme.

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A statement has been received from the Delano Memorial Committee, giving the figures of the Memorial to date. This shows that the total receipts have been \$6,946.75; expenditures, for stationery, printing, postage, etc., \$305.05; balance now on hand, \$6,641.70. The General Committee feels very strongly that the work of the members of the committees should be pushed, so that the fund will be completed by April 15, the date upon which Miss Delano died in France. All nurses are urged to forward their subscriptions as rapidly as possible to Mr. Harvey Gibson, Treasurer, 26 Broad Street, New York City, or to the Red Cross Director of Nursing in their districts. It is believed that this memorial should bring a hearty and immediate response. Checks should be made payable to the Jane A. Delano Memorial.